

Appendix E

Application for Authority to Purchase a Firearm

APPLICATION FOR AUTHORITY TO PURCHASE A FIREARM (FB Reg 190-12)		
DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)		
TITLE OF FORM: Application for Authority to Purchase a Firearm. AUTHORITY: Title 5, U.S.C. Section 301. PRINCIPAL PURPOSE: To provide information on individuals requesting authority to purchase a firearm. ROUTINE USE: Local military police records check. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary. Authority to purchase a firearm will be withheld from individuals who do not provide information.		
SECTION I. INSTRUCTIONS 1. If you are purchasing a rifle or shotgun, you must complete Sections II and III prior to presenting the form to the Provost Marshal Police Services Section for completion of Section IV. Completion of Section IV authorizes you to purchase a rifle or shotgun if you otherwise are in compliance with all applicable local, state and federal regulations. 2. If you are purchasing a handgun, you must complete Sections II and III prior to presenting the form to the Provost Marshal Police Services Section for completion of Section IV. Once Sections II, III, and IV are completed, bring the form to your County Sheriff's Department for completion of Section V to receive a Pistol Permit Application. A Pistol Permit authorizes you to purchase a handgun if you otherwise are in compliance with all applicable local, state and federal regulations.		
SECTION II. APPLICANT INFORMATION		
Last Name, First Name, MI	SSN	
Place of Birth (City, County, and State)	Date of Birth	
Residence Address		
Rank	Unit	
1. I am applying for authorization to purchase a handgun ____/shotgun ____/rifle ____ (mark one). I will store this weapon at my unit arms room ____/on post quarters ____/off post residence ____ (mark one). 2. I understand that this authorization does not give me the right to carry a weapon in violation of North Carolina General Statute 14-169 or military regulations. 3. I am not a fugitive from justice. I never have been convicted of an offense punishable by one year or more confinement, nor am I under indictment for such an offense.		
SECTION III. COMMANDER RECOMMENDATION		
____ Recommend Approval	____ Recommend Disapproval	Date _____
Printed Name of Unit Commander		Phone Number
Rank	Organization	Signature
SECTION IV. PROVOST MARSHAL APPROVAL		
____ Approved	____ Disapproved	Date _____
Stamp and Signature of Provost Marshal/Authorized Representative		
SECTION V. SHERIFF'S DEPARTMENT APPROVAL		
Signature of County Sheriff's Department Official		
Permit Number _____	Fee Paid _____	